



Medicaid Waiver System

Plan of Care Detail Report

Report Date: 2/22/2013 11:09:59 AM

Plan Start Date 4/7/2013

Plan End Date 4/6/2014

Modification Date 4/7/2013

Demographics Pg 19

Participant **George Harris**

Birth Date 1/18/1980

SSN 520191980

Gender Male

Medicaid ID 0600001980

Ethnicity African American

Communication
Barriers

Address	City	State	Zip Code	Type
1980 George Road	Cheyenne	Wyoming	82009	Physical

Phone Number	Type
(307) 514-1980	Home Primary

Email	Type
georgeharris@hotmail.com	Personal Primary

Individual Preferences Pg 17

Desired Accomplishments

I would like to go on a cruise with my Uncle Charlie and swim in the ocean. I would like to start **working on the skills I will need to have a job in the community.** To assist me with this goal, my team and I will be working on my conversation skills, staying on-task skills, and helping me learn coping skills to keep my behaviors under control. My team says they would like to see me become more independent so I can manage my hygiene.

Personal Preferences

People with whom I like to spend time: My team says I like spending time with my mom and talking to my Uncle Charlie on the phone. I like my friends at Day Hab, Bill and Franklin.

What I like to do for fun: My team says I like to go bowling, to the movies, playing games on my XBOX-360, and go swimming at the YMCA. I like riding my bike and going for walks outside with my staff when the weather is nice and when I have shown my staff I can be safe in the community.

My strengths are: My team says my strengths are being friendly and playing games. I am learning to be a good friend. I am a good helper. I am very compassionate.

Things that are extremely important to me: My team says being out in the community and socializing is important. My family is important to me. My TV, computer, and XBOX-360 are also important to me.

Important Things to Know

I have a Positive Behavior Support plan that my staff needs to follow (see my Case Manager or House Supervisor if you have any questions). My mother is my Guardian.

My unique characteristics, mannerisms, or habits: I will pace when I am worried or starting to get upset. I will take things apart when I am bored or have nothing to do. I do repeat myself. If I feel that I am not being listened to or if I feel like I am being treated like a child - I may become aggressive toward myself or others. Please take the time to listen to what I am saying and offer suggestions instead of telling me what to do. **I am very friendly and often get taken advantage of.**

Environments or things I do not like or that make me mad, sad, scared, and confused: I do not like storms or being alone. I do not like change and people yelling at me. I do like to be busy and if I have too much free time that is not a good thing. I do not like large crowds or waiting for my doctors appointments in the waiting room. Please see my Positive Behavior Support plan for techniques to help me when I am at one of my medical appointments.

Environments or practices that are the most successful for me: I do best with staff that treat me like an adult and let me make my own decisions when possible. I do well with a predictable and structured environment. Staff helps me maintain a schedule each day and this helps me feel in control of my environment. If I get over stimulated, I will start to shake my hands and repeat myself. Please offer to take me to a quiet area if this happens.

My long-term goals for the future are: **I would like to live in my own apartment** and have a dog. I need to be happy, healthy, and well taken care of. I would like to work with animals some day. **My team will support me at my volunteer job at the animal shelter this plan year.**

Circle of Support Pg 27

Home Setting

Residential habilitation home, with housemate(s)

Circle of Support Contacts

Type

Phone Number

Other Services

DVR

Food Stamps Housing

Assistance Mental

Health Services SSI

Needs, Risks, & Restrictions

Assessment	Support Type(s)
Pg 33 Financial & Property	High risk area, Natural (unpaid) supports, Restricted due to behavior, Waiver services
How to assist:	<p>I will often break my own belongings. I need to be reminded that if I break something I may not be able to fix it or get a new one to replace it.</p> <p>My mother is my Payee so I have a restriction on the availability and amount of money I can have. I can have \$20 a week to spend at the mall but I need staff assistance with all my purchases so I am not taken advantage of.</p> <p>Because of this, my right to financial resources is restricted.</p> <p>Restoration Plan: I will always need the help of my Payee to manage my finances but my team will work with me to become more aware of my spending so I am not taken advantage of. I can request money from my Case manager and Payee through a check request system for purchases over my \$20 spending limit.</p>
Protocol(s):	None
Protocol(s) Comment:	
Pg 35 Self Care - Personal Hygiene, Bathing	High risk area, Waiver services
How to assist:	<p>Staff will provide me with support and supervision regarding my personal needs and physically assist me or help me hand- over- hand. I will continue to learn skills that can assist me in becoming more independent.</p> <p>I do get easily distracted and may forget to do my hygiene altogether without reminders and assistance. I do not like to have things like water, razors etc. touch my face, but I have become tolerant if staff works quickly to help me.</p> <p>Because I need assistance in the bathroom, my right to privacy is restricted. My provider respects my privacy as much as possible by allowing me to do as much as I can independently. Only male staff members will assist me with my hygiene and if I let them know I need help, they will assist me in the shower to ensure I wash and rinse thoroughly.</p> <p>Restoration Plan: staff and my team will assist me in learning the skills I need or to follow a checklist so I can become more independent. This right will be restored when I am able to manage my hygiene independently.</p>
Protocol(s):	None
Protocol(s) Comment:	
Pg 39 Other	Waiver services
How to assist:	<p>When I am using behaviors that lead to self-abuse or aggression towards others, I may have to be restrained. I do have a Positive Behavior Support plan and trained staff will use CPI (or Mandt in other cases)/non-violent restraint techniques. I am always given the choice to re-direct before I am restrained, unless I or another participant/staff is in immediate danger. Restoration Plan: My team is working with me daily to control my aggressions and they review my Positive Behavior Support Plan every 3 months with me to see if any changes are needed. I am also working with my mental health care professional to ensure my medications are at the therapeutic level.</p>
Protocol(s):	None
Protocol(s) Comment:	
Pg 35 Habilitation Supports	High risk area, Waiver services

How to assist:	<p>I need 1:3 supervision.</p> <p>(I receive Res Hab and Day Hab services. I visit with my parents but never overnight because they cannot support me if I become aggressive.)</p> <p>(I receive Supported Living daily rate 3 times weekly and supported living 15 minute unit on others days because I need more assistance with training or caring for my apartment three days per week when I prepare meals for the next couple of days. On other days, I receive training when accessing community resources.)</p>
Protocol(s):	None
Protocol(s) Comment:	

Pg
41

Vulnerability	High risk area, Waiver services
How to assist:	<p>I can evacuate independently but I need staff to give me verbal prompts. My house has monthly safety drills to help me prepare for any emergency.</p> <p>I place myself at risk because of poor choices in relationships. I am easily taken advantage of. I am very trusting and would be willing do just about anything someone asked me to do.</p> <p>Sometimes, I flip people off. When I do this staff needs to remind me this is not nice and try to redirect me. It is possible that strangers can get mad at me. If a stranger is face-to-face to me, staff needs to intervene and help me apologize.</p>
Protocol(s):	None
Protocol(s) Comment:	

Pg
34

Family & Friends	High risk area, Natural (unpaid) supports, Restricted due to behavior, Waiver services
How to assist:	<p>The group home I live in has a sign-in sheet visitors must use when entering and leaving my home. Because of my past behaviors and poor choice of relationships, my guardian has a list of people who can visit me. This is a restriction on my right to have visitors or associate with people of my own choosing. Restoration Plan: My right can be restored when I am able to show better judgment in my choice of friends.</p> <p>My team supports me with socialization and processing issues that come up. My Case Manager can call my guardian if there is someone different wanting to see me. I can receive mail. My family calls me at the group home and I can make calls from there or from my Case Manager's office. I am able to discuss any concerns or new people I would like to be added to my list with my guardian when I speak to her on the phone each night.</p>
Protocol(s):	None
Protocol(s) Comment:	

Pg
32

Employment/Employment Training	Waiver services
How to assist:	<p>I volunteer at the animal shelter 4-hours per week. My support staff helps me be on time, reminds me of the steps I need to take for walking the dogs, and helps monitor me for safety.</p> <p>I would like to get a job working with animals. My Case Manager will assist me with a referral to vocational rehabilitation when my guardian and team agree I am ready. I will need assistance with completing the tasks that are assigned and with relationship concerns with fellow employees and my supervisor until I can demonstrate I can do these more independently.</p>
Protocol(s):	None
Protocol(s) Comment:	

Pg
34

Communication	High risk area, Waiver services
----------------------	---------------------------------

How to assist:	<p>I can verbally communicate. My guardian has requested that I only contact those individuals who are on my approved contact list. This is a restriction on my right to have visitors or associate with people of my own choosing. Restoration Plan: My right can be restored when I am able to show better judgment in my choice of friends.</p> <p>I am able to use the telephone in private. My team supports me with socialization and processing issues that come up.</p> <p>Sometimes, I speak very fast and am not easily understood. Staff members that work with me need to remind me to speak slower and help me relay information to those who do not understand what I am saying.</p>
Protocol(s):	None
Protocol(s) Comment:	

Pg
40

Community	High risk area, Waiver services
How to assist:	<p>I need continual supervision in the community. I have in the past slapped strangers, given them the finger, or attempted to steal things I want.</p> <p>Often, I get overly anxious about outings and may become physically aggressive because I cannot handle the anticipation. I can go on outings if I am calm and safe to do so. My calmness should be evaluated just before the outing. If I am unsafe to go on an outing with my group, I remain at home or at the center with supervision.</p> <p>I have a Positive Behavior Support plan that stipulates when I would lose access to my community due to inappropriate behaviors. Restoration Plan: this restriction will not exceed 24-hours and if I exhibit appropriate behaviors this time may be reduced. My right will be restored when I no longer exhibit inappropriate behaviors.</p>
Protocol(s):	None
Protocol(s) Comment:	

Pg
40

Healthy Lifestyle	High risk area, Waiver services
How to assist:	I like to eat but need encouragement to pick healthier food choices. I can eat most anything but I prefer candy. I cannot have tomato products as they cause extreme GERD and cause pain. I need to sleep with a wedge on my bed as this helps me breathe easier so I can sleep better.
Protocol(s):	None
Protocol(s) Comment:	

Pg
32

Housing	Waiver services
----------------	-----------------

How to assist:	<p>I can communicate my housing desires with my Guardian and team. I go to a Community Day Hab Monday- Friday from 10 am -2 pm.</p> <p>If I become upset or frustrated and cannot deescalate; I may become aggressive. My team will help me be safe in these situations by preparing me beforehand for a transition. They will remind me to follow my chart to prepare for outings.</p>
Protocol(s):	None
Protocol(s) Comment:	

Pg
41

Medications & Medical Regimen	High risk area, Waiver services
How to assist:	<p>I require staff assistance with my medications. My medications need to be locked-up in my home. Staff needs to watch me take my medication and keep me in line of sight for 30-minutes after taking my medications. I have a history of spitting my medications out when I am having a difficult time.</p> <p>My Providers carry the responsibility to keep my Case Manager informed of medications and recommendations for therapies.</p> <p>OTHER EXAMPLES: (If I am on an outing my medication will be given by my Provider.) (My medication is prepared by Med on Time Pharmacy and is placed in bubble packs.) (My staff will track medications given to me taken via a MARS. I should be monitored closely when taking my medication as I have been known to throw my medications.) (I need help with questions asked when at doctor appointments. I need staff that I am familiar with when going to my appointments. I also have a PRN medication ordered for me that can be given prior to my medical appointments if I need it to reduce anxiety.)</p>
Protocol(s):	None
Protocol(s) Comment:	

Pg
34

Physical Conditions	Waiver services
----------------------------	-----------------

	How to assist:	I have no concerns at this time.
	Protocol(s):	None
	Protocol(s) Comment:	
Pg 31	Self Advocacy	High risk area, Natural (unpaid) supports, Waiver services
	How to assist:	I need encouragement to tell people my desires or concerns. Sometimes I speak very fast and cannot be understood. I may need to slow down or have my staff members tell others what I am saying or explain what I am talking about. My Guardian also advocate for me. If I am un-happy with a Provider, I can talk with my Guardian about helping me find a solution.
	Protocol(s):	None
	Protocol(s) Comment:	
Pg 32	Transportation	High risk area, Waiver services
	How to assist:	I need transportation assistance to all my activities and my service Providers assists me with my transportation. (Since I use a wheelchair, I need specialized transportation to all community activities.)
	Protocol(s):	None
	Protocol(s) Comment:	
Pg 32	Mobility	Natural (unpaid) supports, Non-waiver services
	How to assist:	I am quite capable of mobility and have no difficulties ambulating. I love to walk and should be allowed to do so at least one-hour per day as it is a method I use to eliminate frustration. I sometimes walk too quickly for staff or peers to keep up. I may need to be reminded to slow down.
	Protocol(s):	None
	Protocol(s) Comment:	
Pg 33	Meal Time	High risk area, Waiver services
	How to assist:	I need encouragement to eat and drink slowly.
	Protocol(s):	None
	Protocol(s) Comment:	

Medical **Pg 42**

Medical Professional			Specialty		Phone Number	
Medication	Dose	Route	Frequency	Purpose	Type	Assistance Required
Diagnosis						
Mental Retardation - Moderate					Qualifying	
Intermittent Explosive Disorder						
Disruptive Behavior Disorder, NOS						
Known Allergies				Description		

Specialized Equipment **Pg 44**

Equipment	Type	Recommendations	Maintenance (if applicable)
-----------	------	-----------------	-----------------------------

Behavioral Supports **Pg 46**

ICAP Targeted Behaviors

Destructive to Property - Included in Plan

Disruptive Behavior - Included in Plan

Hurtful to Others - Included in Plan

Uncooperative Behavior - Included in Plan

Positive Behaviors**Service Authorization** Pg 51

Individual Budget Amount: \$74,598.00
 Amount Remaining: \$0.84

Traditional Services: \$74,597.16
 Self-Directed: \$0.00

Provider	Start Date	End Date	Units	Unit Cost	Total Cost
Service: T2016U7 - Residential Habilitation (Moderate)					
MAGIC CITY ENTERPRISES, INC.	4/7/2013	4/6/2014	365	\$143.44	\$52,355.60
Service: T2020U3 - Day Habilitation (Moderate)					
MAGIC CITY ENTERPRISES, INC.	4/7/2013	4/6/2014	260	\$73.01	\$18,982.60
Service: T2022 - Case Management					
Hruby, Lindsay	4/7/2013	4/6/2014	12	\$271.58	\$3,258.96

We will be working with George to help improve his conversation skills, staying on-task skills, and coping skills. We will also be training him to be more independent so he can manage his personal hygiene.

We will support working with George help improve his conversation skills, staying on-task skills, and coping skills. We will also help him with his volunteer work at the animal shelter - be on time, remind him of the steps he needs to walk the dogs, and help him monitor his behavior to be safe.

Self-Directed Service**Type****Goods and Services/Unpaid Caregiver Training****Verification****Case Manager Conflict of Interest**

How is the case manager going to assure monitoring the implementation of the plan of care is

How will the case manager assure my choice of providers?

How will the case manager assure the development of the plan of care is in my best interest?

I want to work with George to help him get a job. I want to work with George and his team to get him training to improve his conversation skills, staying on-task skills, and coping skills. I also want to help George use his friendliness towards others in a safer way so he is not taken advantage of. I will make monthly home visits to see how he is progressing towards his goals and make any modifications as needed in his plan of care. I will also monitor the billing to ensure the services he is being provided are meeting his goals and needs.